Campaign Finance Tracking Form for Local Election Officials

Call OCPF with campaign finance questions at 617-979-8300 Candidate or Committee (Pre-Preliminary Pre-Election 30-Day Year-End Report: Organization / Providing Materials / Notification * Organizational form provided to candidate or committee (M101, M101BQ, M101PC) Campaign finance report form provided to candidate or committee (M102) Summary of the campaign finance law provided (OCPF guide booklet) Filing notice (includes reporting dates, due dates and language concerning late fines) Pre-Preliminary Pre-Election 30-Day \(\sqrt{Year-end} \) *All forms, guides and notices can be delivered by e-mail **Inspecting Reports** The campaign finance law requires local election officials to "inspect" M102 and M102-0 campaign finance reports within 30 days of a due date. Correct dates for the relevant reporting period Signatures Positive ending balance If the M102-0 form is filed, the candidate does not have a committees and has not received any contributions, made any expenditures or incurred any obligations during the reporting period, and does not have a campaign fund in existence. Contributions (Monetary receipts and in-kind contributions) MIF Names and Addresses for contributions of more than \$50 Occupation and Employer for contributions of \$200 or more No contributions from corporations, business partnerships, LLCs or LLPs No contributions from individuals for more than \$1,000 (see OCPF's limits chart for other limits) Expenditures Wendor Names and Addresses for expenditures of more than \$50 Purpose information is disclosed Reimbursements form (R-1s) filed for reimbursements Date of Inspection 1 16/19



Form CPF M 102: Campaign Finance Repart V

				_	FOTIII Political Fin	ance	JAN	1 6	2019	
Commonwealth of Massachusetts						File with:	CityClTYoW	EDK	OFFICE.	Commission
Fill in Reporting	g Period dates:	Beginning Date:	1/1/18		Endin	g Date:	12/31/18		1, WA 0100	20 1
Type of Report:	(Check one)									
8th day precedi	ng preliminary	8th day preceding elec	ction [30 day a	after election	⊠ yo	ear-end rep	ort	disso	olution
James B Nash	-			Committe	ee to Elect Ji	im Nash				
	Candidate Full Name	(if applicable)				Comm	nittee Name			<u> </u>
Ward 3 City Counc	cilor, Northampton,	MA		Robert Re	.eckman					
	Office Sought an	d District				Name of Cor	nmittee Treas	urer		
18 Montview Aven	ue, Northampton, M	1A 01060		18 Monty	view Avenue,	, Northam	oton, MA 0	1060		1
	Residential A	ddress				Committee	Mailing Addr	ess		!
E-mail:	jimnashcitycou	ncil@gmail.com		E-mail:		jimnashcit	tycouncil@g	gmail.	com	<u> </u>
Phone # (optional):	41	.3-582-0637		Phone # (op	ptional):					1

SUMMARY BALANCE INFORMATION	₹:
Line 1: Ending Balance from previous report	157.37
Line 2: Total receipts this period (page 3, line 11)	0
Line 3: Subtotal (line 1 plus line 2)	157.37
Line 4: Total expenditures this period (page 5, line 14)	0
Line 5: Ending Balance (line 3 minus line 4)	157.37
Line 6: Total in-kind contributions this period (page 6)	0
Line 7: Total (all) outstanding liabilities (page 7)	0
Line 8: Name of bank(s) used: Florence Bank	

	Line 6: Total	in-kind contrib	outions this perio	od (page 6)			0	
	Line 7: Total	(all) outstanding	ng liabilities (pag	ge 7)			0	
	Line 8: Name	of bank(s) use	ed: Florence Bank					
I certify that I ha activity, includin finance activity of	ng all contributions, loa	ns, receipts, expendit der the authority or o	tures, disbursements, in on behalf of this comm	n-kind contributions a littee in accordance wi	dge and belief, a true and c nd liabilities for this report th the requirements of M.G. (Treasurer's signat	ing period and repre	esents the car	
I certify that activity, of a		no activity independ report including attac r the authority or on b	lent of the committee ched schedules and it is behalf of this committe	s, to the best of my kn ee in accordance with	owledge and belief, a true a the requirements of M.G.L			
I certify that finance active campaign fi	vity, including contribu	report including attac tions, loans, receipts rsons acting under th	ched schedules and it is	s, to the best of my kn sements, in-kind contr	owledge and belief, a true a ibutions and liabilities for t accordance with the require (Candidate's signat	this reporting period rements of M.G.L. of Date:	and represe	
L					 			

SCHEDULE A: RECEIPTS

M.G.L. c. 55 requires that the name and residential address be reported, in alphabetical order, for all receipts over \$50 in a calendar year. Committees must keep detailed accounts and records of all receipts, but need only itemize those receipts over \$50. In addition, the occupation and employer must be reported for all persons who contribute \$200 or more in a calendar year.

(A "Schedule A: Receipts" attachment is available to complete, print and attach to this report, if additional pages are required to report all receipts. Please include your committee name and a page number on each page.)

	Name and Residential Address		Occupation & Employer
Date Received	(alphabetical listing required)	Amount	(for contributions of \$200 or more)
•			
		[{	
			1 1
		L	
			
			1
	·		
			7
		L	
		11	
		L]
		1	
		11	
			J L
		11	
			1
]		
ine 9: Total Rece	ipts over \$50 (or listed above)		
	eipts \$50 and under* (not listed above)		
	RECEIPTS IN THE PERIOD		Enter on page 1, line 2
		0.1' 10.1	Enter on page 1, line 2

^{*} If you have itemized receipts of \$50 and under, include them in line 9. Line 10 should include only those receipts not itemized above.

SCHEDULE A: RECEIPTS (continued)

Date Received	Name and Residential Address (alphabetical listing required)	Amount	Occupation & Employer (for contributions of \$200 or more)
		·	
Line 9: Total Recei	pts over \$50 (or listed above)		
Line 10: Total Rece	ipts \$50 and under* (not listed above)		
Line 11: TOTAL F	RECEIPTS IN THE PERIOD	← Enter on page 1, line 2	

^{*} If you have itemized receipts of \$50 and under, include them in line 9. Line 10 should include only those receipts not itemized above.

SCHEDULE B: EXPENDITURES

M.G.L. c. 55 requires committees to list, in alphabetical order, all expenditures over \$50 in a reporting period. Committees must keep detailed accounts and records of all expenditures, but need only itemize those over \$50. Expenditures \$50 and under may be added together, from committee records, and reported on line 13.

(A "Schedule B: Expenditures" attachment is available to complete, print and attach to this report, if additional pages are required to report all expenditures. Please include your committee name and a page number on each page.)

	To Whom Paid	ittee name and a page number on		
Date Paid	(alphabetical listing)	Address	Purpose of Expenditure	Amount
				ļ
			.]	
		·		
		<u> </u>		
			il i	·
		:		
	-			
		·		,
			<u> </u>	
		Line 12: Total Expenditures ov	er \$50 (or listed above)	
		Line 13: Total Expenditures \$50	and under* (not listed above)	
	Enter on page 1, line $4 \rightarrow 4$	Line 14: TOTAL EXPENDIT	URES IN THE PERIOD	

^{*} If you have itemized expenditures of \$50 and under, include them in line 12. Line 13 should include only those expenditures not itemized above.

Page 4

SCHEDULE B: EXPENDITURES (continued)

D (D !!	To Whom Paid	4.17	D	
Date Paid	(alphabetical listing)	Address	Purpose of Expenditure	Amount
				:
			1	
] [
		Line 12: Expenditures over \$5	0 (or listed above)	, , , , , , , , , , , , , , , , , , , ,
	·	Line 13: Expenditures \$50 and	under* (not listed above)	
	Enter on page 1. line 4 →	Line 14: TOTAL EXPENDIT	TURES IN THE PERIOD	
			should include only those expenditure	<u> </u>

^{*} If you have itemized expenditures of \$50 and under, include them in line 12. Line 13 should include only those expenditures not itemized above.

SCHEDULE C: "IN-KIND" CONTRIBUTIONS

Please itemize contributors who have made in-kind contributions of more than \$50. In-kind contributions \$50 and under may be added together from the committee's records and included in line 6 on page 1.

Date Received	From Whom Received*	Residential Address	Description of Contribution	Value
		Line 15: In-Kind Contributions	over \$50 (or listed above)	
	•	Line 16: In-Kind Contributions	\$50 & under (not listed above)	
	Enter on page 1, line $6 \rightarrow$	Line 17: TOTAL IN-KIND CO	ONTRIBUTIONS	

^{*} If an in-kind contribution is received from a person who contributes more than \$50 in a calendar year, you must report the name and address of the contributor; in addition, if the contribution is \$200 or more, you must also report the contributor's occupation and employer.

Page 6

SCHEDULE D: LIABILITIES

M.G.L. c. 55 requires committees to report ALL liabilities which have been reported previously and are still outstanding, as well as those liabilities incurred during this reporting period.

Date Incurred	To Whom Due	Address	Purpose	Amount
		1		į
		<u> </u>		
		·		
				-
]		
	 	Line 18: TOTAL OUTSTAN	<u> </u>	<u> </u>